

Document is available to the public through the National Technical Information Service Springfield, Virginia 22151

Prepared for
U.S. DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration
Office of Aviation Medicine
Washington, D.C. 20591

300

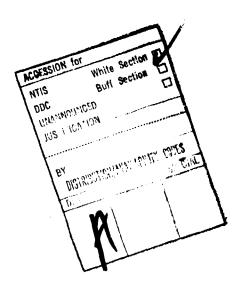
This Document
Reproduced From
Best Available Copy

NOTICE

This document is disseminated under the sponsorship of the Department of Transportation in the interest of information exchange. The United States Government assumes no liability for its contents or use thereof.

ACKNOWLEDGEMENT

Appreciation is extended to Dr. Charles F. Booze, Jr., Chief, Medical Statistical Section, Aeromedical Certification Branch, for his valuable guidance, comments, and suggestions during the preparation of this study. The authors also express appreciation to Mrs. Mary Randall for her assistance in the review and preparation of this study.



1. Report No. FAA-AM-78-25 4. Trile and Substite Characteristics of Medically Disqualified Airman Applicants In Calendar Years 1975 And 1976 7. Author's) Shirley J. Dark, Audie W. Davis, M.D. 9. Performing Organization Name and Address FAA Civil Aeromedical Institute P.O. Box 25082 Oklahoma City, Oklahoma 73125 12. Sepansoring Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Nates 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 afrmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with	FAA-AM-78-25 4. Title and Subtitle			
### FAA-AM-78-25 4. Title and Submits Characteristics of Medically Disqualified Airman Applicants In Calendar Years 1975 And 1976 7. Author's) Shirley J. Dark, Audie W. Davis, M.D. 9. Performing Organization Name and Address FAA Civil Aeromedical Institute P.O. Box 25082 Oklahoma City, Oklahoma 73125 12. Spansoring Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmsn applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for deniaal (regardless of class applied for) are cardiovacular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with	FAA-AM-78-25 4. Title and Subtitle	2. Government Accession No.	3. Recipient's Catalog No.	
4. Trite and Submite Characteristics of Medically Disqualified Airman Applicants In Calendar Years 1975 And 1976 7. Author's) Shirley J. Dark, Audie W. Davis, M.D. 9. Performing Organization Name and Address FAA Civil Aeromedical Institute P.O. Box 25082 Oklahoma City, Oklahoma 73125 12. Spansoring Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with	4. Title and Subtitle		{	
Characteristics of Medically Disqualified Airman Applicants In Calendar Years 1975 And 1976 Shirley J. Dark, Audie W. Davis, M.D. Performing Organization Name and Address FAA Civil Aeromedical Institute P.O. Box 25082 Oklahoma City, Oklahoma 73125 12. Spensoring Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically diaqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, displicants, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
Airman Applicants In Calendar Years 1975 And 1976 7. Author's Shirley J. Dark, Audie W. Davis, M.D. 9. Performing Organization Name and Address FAA Civil Aeromedical Institute P.O. Box 25082 Oklahoma City, Oklahoma 73125 12. Spensoring Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with		dically Diagnalified	3. Report Date	
And 1976 7. Author/s) Shirley J. Dark, Audie W. Davis, M.D. 9. Performing Organization Name and Address FAA Civil Aeromedical Institute P.O. Box 25082 Oklahoma City, Oklahoma 73125 12. Sponsoring Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Nates 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with			6. Performing Organization	Code
Shirley J. Dark, Audie W. Davis, M.D. 9. Performing Organization Name and Address FAA Civil Aeromedical Institute P.O. Box 25082 Oklahoma City, Oklahoma 73125 12. Sponsoring Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with		001011011 10010 1773	or comming organization	
Shirley J. Dark, Audie W. Davis, M.D. 9. Performing Organization Name and Address FAA Civil Aeromedical Institute P.O. Box 25082 Oklahoma City, Oklahoma 73125 12. Sponsoring Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with			6. Performing Organization	Report No.
P. Performing Organization Name and Address FAA Civil Aeromedical Institute P.O. Box 25082 Oklahoma City, Oklahoma 73125 12. Sponsoring Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
FAA Civil Aeromedical Institute P.O. Box 25082 Oklahoma City, Oklahoma 73125 12. Sponsoring Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with	Shirley J. Dark, Audio	e W. Davis, M.D.		
P.O. Box 25082 Oklahoma City, Oklahoma 73125 12. Sponsoving Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with			10. Wark Unit No. (TRAIS)	
Oklahoma City, Oklahoma 73125 12. Sponsoring Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with		Institute	11 6	
12. Sponsoring Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with		ma 73125	Confract of Grant No.	
12. Sponsoring Agency Name and Address Office of Aviation Medicine Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with			13. Type of Report and Pari	od Covered
Federal Aviation Administration 800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementory Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with	12. Sponsoring Agency Name and Address			
800 Independence Avenue, S.W. Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmsn applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
Washington, D.C. 20591 15. Supplementary Notes 16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
16. Abstract This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airman applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with			14. Sponsoring Agency Code	
This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying time and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airms applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with	· · · · · · · · · · · · · · · · · ·	31		
This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying time and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airman applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with	13. Supplementary Notes			
This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying time and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airman applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
This study provides comprehensive data reflecting percinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying time and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airman applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with	16. Abstract			
airmen denied medical certification in calendar years 1975 and 1976. Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying time and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
Also provided are such descriptive epidemiologic data as age, sex, occupation, class of medical certificate applied for, total flying tim and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
occupation, class of medical certificate applied for, total flying time and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airman applicants is 7.9 per 1,000 airman. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
applicants. Data on airline pilot denials are also included. The annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
annual denial rate based on airmen applicants is 7.9 per 1,000 airmen. By class of certificate applied for, the annual denial rate per 1,000 applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
applicants is 4.5 for first class, 6.0 for second class, and 10.2 for third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with	annual denial rate base	ed on airmen applicant	s is 7.9 per 1,000	airmen.
third class. As anticipated, general aviation and new applicants contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
contributed greatly to total denials, reflecting that the latter are being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
being screened for the first time. The most significant causes for denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
denial (regardless of class applied for) are cardiovascular, the miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with				
miscellaneous pathology category (endocrinopathies, disqualifying medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with		class applied for) are	PIRITITIONS CONSE	io fry
medications, and administrative denials), neuropsychiatric, and at a substantially lower level, eye pathology. Age-cause-specific findings for airline pilots follow epidemiologic expectations, with	being screened for the		cardiovascular, t	s for he
findings for airline pilots follow epidemiologic expectations, with	being screened for the denial (regardless of c	y category (endocrinop		he:
	being screened for the denial (regardless of c miscellaneous pathology		athies, disqualify	he ing
	being screened for the denial (regardless of comiscellaneous pathology medications, and adminia substantially lower l	istrative denials), ne level, eye pathology.	athies, disqualify uropsychiatric, an Age-cause-specifi	the ring id at .c
age being a significant variable associated with increased rates.	being screened for the denial (regardless of comiscellaneous pathology medications, and adminia substantially lower lindings for airline pi	istrative denials), ne level, eye pathology. ilots follow epidemiol	athies, disqualify uropsychiatric, an Age-cause-specifi ogic expectations,	the ving id at .c with
	being screened for the denial (regardless of comiscellaneous pathology medications, and adminia substantially lower lindings for airline pi	istrative denials), ne level, eye pathology. ilots follow epidemiol	athies, disqualify uropsychiatric, an Age-cause-specifi ogic expectations,	the ving id at .c with
	being screened for the denial (regardless of comiscellaneous pathology medications, and adminia substantially lower lindings for airline pi	istrative denials), ne level, eye pathology. ilots follow epidemiol	athies, disqualify uropsychiatric, an Age-cause-specifi ogic expectations,	the ving id at .c with
17. Key Words 18. Distribution Statement	being screened for the denial (regardless of comiscellaneous pathology medications, and adminia substantially lower lindings for airline pi	istrative denials), ne level, eye pathology. ilots follow epidemiol	athies, disqualify uropsychiatric, an Age-cause-specifi ogic expectations,	the ving id at .c with
Airman Certification (Medical) Document is available to the public	being screened for the denial (regardless of comiscellaneous pathology medications, and adminitian substantially lower lindings for airline piage being a significant	istrative denials), ne level, eye pathology. ilots follow epidemiol t variable associated	athies, disqualify uropsychiatric, an Age-cause-specifi ogic expectations, with increased rat	the ving id at .c with
Pilots, Denied through the National Information	being screened for the denial (regardless of omiscellaneous pathology medications, and adminia substantially lower lindings for airline piage being a significant	istrative denials), nelevel, eye pathology. ilots follow epidemiolet variable associated 18. Distribution 5	athies, disqualify uropsychiatric, an Age-cause-specifi ogic expectations, with increased rat	the ring at
Statistical Analysis Service, Springfield, Virginia	being screened for the denial (regardless of comiscellaneous pathology medications, and adminitian substantially lower lindings for airline piage being a significant of the company of th	istrative denials), nelevel, eye pathology. ilots follow epidemiolet variable associated [18. Distribution State of the content of the conte	athies, disqualify uropsychiatric, an Age-cause-specific ogic expectations, with increased rate for a state of the National Information of the	the ring at
22151	being screened for the denial (regardless of comiscellaneous pathology medications, and adminitian substantially lower lindings for airline piage being a significant of the company of th	istrative denials), nelevel, eye pathology. ilots follow epidemiolet variable associated [18. Distribution State of the company of the compa	athies, disqualify uropsychiatric, an Age-cause-specific ogic expectations, with increased rate for a state of the National Information of the	the ring at
10 to the control of	being screened for the denial (regardless of comiscellaneous pathology medications, and adminitian substantially lower lindings for airline piage being a significant of the company of th	istrative denials), nelevel, eye pathology. ilots follow epidemiolet variable associated [18. Distribution State of the company of the compa	athies, disqualify uropsychiatric, an Age-cause-specific ogic expectations, with increased rate for a state of the National Information of the	the ring at
AV. Security Classif, (at this report)	being screened for the denial (regardless of comiscellaneous pathology medications, and administ a substantially lower of a findings for airline pings being a significant of the second	istrative denials), nelevel, eye pathology. ilots follow epidemiolet variable associated Medical) 18. Distribution S Document through the service, 22151	athies, disqualify uropsychiatric, an Age-cause-specific ogic expectations, with increased rate of the National Informational Springfield, Virgi	the ring ad at .c with .es
Unclassified Unclassified 28	being screened for the denial (regardless of comiscellaneous pathology medications, and adminitian substantially lower lindings for airline piage being a significant of the company of th	istrative denials), nelevel, eye pathology. ilots follow epidemiolet variable associated [18. Distribution State of the company of the compa	athies, disqualify uropsychiatric, an Age-cause-specific ogic expectations, with increased rational available to the National Inform Springfield, Virgi	the ring at

Form DOT F 1700.7 (8-72)

Reproduction of completed page authorized

CHARACTERISTICS OF MEDICALLY DISQUALIFIED AIRMAN APPLICANTS IN CALENDAR YEARS 1975 AND 1976

I. Introduction.

The Federal Aviation Administration (FAA) and its predecessor, the Civil Aeronautics Administration, have been charged with the responsibility for medical certification of all United States and some international civil airmen since Except for certain categories of airmen such as glider and balloon pilots, each airman must hold a current, corresponding class of medical certificate for performing the duties of any pilot certificate he may possess. Aviation Regulations stipulate that a first-class physical examination must be performed at 6-month intervals for duties requiring an air transport pilot certificate; a second-class physical examination must be performed annually for duties requiring commercial pilot certificates, an air traffic control tower operator certificate, etc; and, a third-class physical examination must be performed at 2-year intervals for duties requiring a private pilot certificate. Different medical standards apply to the different categories of medical certification.

Medical certification criteria will continue to change as a result of the evolution of aviation medicine and increased efforts in the area of aeromedical research.

Previous studies (1,2,3) that provided descriptive data concerning airmen who were denied medical certification have proved to be of great value. Numerous questions have been answered for the FAA and the aviation community concerning these airmen. Comprehensive data reflecting pertinent denial rates with respect to the medical and general attributes of those airmen denied medical certification are needed for program monitoring with respect to workload information, aeromedical standards, appeal system appraisal, research direction, and risk determinations by the aviation community. Of course, the primary purpose of these efforts continues to be the promotion and enhancement of aviation safety through medical program data analysis.

This study provides comprehensive data reflecting pertinent denial rates with respect to the medical and general attributes of those airmen denied medical certification in calendar years 1975 and 1976. Comparisons to 1973-1974 findings are also made. Also provided are such descriptive epidemiologic data as age, sex, occupation, class

of medical certificate applied for, total flying time, and cause-specific annual denial rates for medically disqualified applicants. Data on airline pilot denials are also included.

II. Methods and Source.

The Aeromedical Certification Branch of the Civil Aeromedical Institute is the central screening facility and repository within the FAA for the collection, processing, adjudication, investigation, and analyses of medical data generated by the aeromedical certification and related regulatory programs.

The Aeromedical Certification Branch's computerized medical records provide historical data both for daily screening of document input and for statistical/research purposes. The "active master file" contains the most recent record within the past 3 years of an airman's medical application for certification. This file includes applications issued, pending, or denied and abbreviated records of significant pathology cases retained indefinitely for further medical reference in the event an inactive airman decides to again exercise his flying privilege.

The denial data were obtained from computer files as of July 1, 1976, for calendar year (CY) 1975 applicants and July 1, 1977, for CY 1976 applicants. The 6-month time lapse was allowed to assure that final certification action had been taken in the majority of cases. The data were summed for the 2 calendar years to provide a larger group for comparison with the active airman population.

A medically certified airman is considered "active" for a maximum of 24 calendar months following the most recent FAA medical examination; i.e., regardless of the class of medical certificate issued, it is valid for third-class purposes for 24 calendar months unless otherwise limited or recalled by the FAA.

The active airman population as of December 31, 1975, was used as the population base for rate computation. This population was used since it is the midpoint for the denied applicant group.

Data from the most recent medical record were selected and extracted from the active master file for construction of the various frequency tables presented in this study.

Data presented are descriptive in nature, and appropriate population comparisons are made via conventional statistical methodology where compatible data exists and statistical treatment would be meaningful.

Annual rates were computed to provide data more useful for answering the many questions received concerning airmen denied medical certification. In CY 1975 and 1976, 12,112 airmen were denied medical certification for various medical and/or administrative reasons; e.g., failure to provide additional medical information. The frequency tables that follow were compiled based on data extracted from these airmen's medical records and comparable data extracted from the active airman population as of December 31, 1975. The active population at that time totaled 763,793 airmen.

A copy of the application for medical certification is provided for reference to block numbers cited in the following discussion.

Age of denied airmen was computed to last birthday as of the date of the physical examination. Age of the active population airmen was computed to last birthday as of December 31, 1975. Date of birth is provided by the airman in block 3 of the medical application form, and computer edits assure a reasonable month, day, and year.

Class of certificate applied for is determined from information supplied by the applicant in blocks 9A and 9B (Class of Medical Certificate Applied For and Type of Airman Certificate(s) Held) of the application.

In many areas, accuracy of data is contingent upon the completeness and accuracy of information supplied by the airman applicant. Other data are coded by Aeromedical Certification Branch personnel. Some human error is recognized but is not considered significant enough to seriously bias the data provided in this study.

Some airmen who hold first-class certificates will have applied for medical certification four times during the 2-year period, some airmen who hold second-class certificates will have applied twice, and airmen with third-class certificates will have applied once. However, rate data are provided for the number of applicants versus the number of applications, except for a portion of Table 1. The active master file provides applicant data because it contains only the most recent examination of an airman. Both the denial data and the population data are maintained on the active master file.

Previous examination data were determined by whether the applicant entered a date in block 20 of the application form and a "match" was made to a previous examination on the active master file. If the applicant indicates a previous FAA examination has been performed, a notification will be received by medical review personnel if the previous examination cannot be located on the active master file with the

		CERTIFIC	CATE T PILOT	OFF	TIE		ASS			FULL	NAME	(Last	firet, n	riddle)						ONTRO
						UATE			2A	. AD	DRESS	No. i	brest C	ty. State. 271	No.			-	1 10CI	V SICURI
IMIZ CEI	KIMIEZ IM	AT (Publica	ame and a	dulre	M)						*****			******						
										. PLA		BIRTH	(Stude	u pilos applio	o war	nly)				
ATE OF	- OURTH	HEIGHT	WEIGHT	HAI	À	EVE	5 5 (EX	\dashv	3 DAYE	OF I	IN H	1	HIGHT	S. WEIGHT	6.	COLO	l OF	7 COL	OI OF	a. sex
has me	1 Ma m	adical st	andards p	-	hod	In Pe	rt 67, Fede	-	9A. CL	EDIC.		98.		F AIRMAN C	-	CAT	(S) H		IT INST	NUCTOR
TVIONO	n Regula	Hons for t	his class c	Med	licai	Carni	lcote	4	AP	PLIE	DFOR			MERCIAL				PRIVA	TE	
									-	IRST ECO	ND	╂		PECIALIST			\vdash	STUDI		
Allows										HIRD		T^{-}		T NAVIGATO			-	OTHE		
ATE OF	Etamina	lión		160	AMB	ines s	MIAI NO.		11, EXT	END			OUTY ME	MBER OF			LOYE			
				_		_				AMY		\dashv	_	OAST GUARD	13.			OF TIME		
SIGN	ATURE							7			/MARIN			IONE	1_	OCC	RESE	ION.		
TOPEC	NAME							-	MILITARY	r sear	VICE NO	•			14.	_			F FLYIP	
=1	SIGNATI	IRE						\dashv	15. CUI	HREN	ITLY US	EAN	Y MEDIC	CATION (Inch	dina 4		SINE	35		PLEASUR
	10	DIAL PRO					PAR'S for		 	٥_			-							
CIVIL MILITAI	RY	IO DATE	17. (ASI 6		os	CERTIFICA SUSPEND YES	DATE	eraden (R reyoke E	AEDI DEN:	ED.	PASI VES	Z YEAR	DATE	HIN I	HE		PHYSII (# nen	OF LAS	AM 80)
MILITAI	RY ICAL HIS	TORY - H	IAVE YOU	EVE		AD OF	CERTIFICA SUSPEND YES	DATE	eraden (R reyoke E	OF 1	ED.	PASI VES	Z YEAR	CCIDENT WI' IS DATE Or anal "yes"	HIN I	HE d do	peribe	PHYSIC (II non	CAL EX to almost	AM HO)
MILITAI MED	RY ICAL HIS	TORY - H Condition	IAVE YOU	EVE	R H	AD OF	HAS AN I CERTIFICA SUSPEND YES NO HAVE YO Cons	DATE	ERBEEN (R REVOKE E	OF 1	HE FOI	PASI VEI NO	RAFT A 2 YEAR 1 NG1 (P Contribution	CCIDENT WI'S DATE or man "yes" Sition of any sen	HIN I	HE d do	seribe . mgb	CONSIST TOTAL	CAL EX	AM SO) REMARK
MIRITAI MED	RY ICAL HIS Frequent Distincts	TORY - H Condition or severe is	IAVE YOU	EVE	R H	AD OF	CERTIFICA SUSPEND YES NO HAVE YO	DATE	ERBEEN (R REVOKE E	OF 1	HE FOI	PASI VEI NO LLOW!	RAFT A 2 YEAR 3 NG1 (P Contribution retrouble up or nor	CCIDENT WI'S DATE or anah "yas" Hitlan of any sort	HIN I	HE de	neribe	physic (2) non condita	ion in diameter of the second	AM SO)
MILITAI MED Me B B B C C	RY ICAL HIS Frequent Distinues Unconscie Eye Iroseb	TORY - H Condition or severe is or fainting unness for	IAVE YOU n needla,hos apolls	EVE	R H	AD OR	CERTIFICA SUSPEND YES NO HAVE YO Cont	AA A IE EVI D, OR DATI	ERBENIE REVOKE E	OF 1	HE FOI	AIRC PASI VES NO Norvon Any dri	RAFT A 2 YEAR 1 NG1 (P Contribution	CCIDENT WI'S DATE for analy "yes" ditton of any sort ootic hobbi	HIN I	ME d. do	neribe	PHYSII (If non condition c	CAL EX	AM so)
MILITAI I. MED III III III III III III III III III II	RY ICAL HIS Frequent Distincts	TORY - H Condition or severe is or fainting unness for	IAVE YOU n needla,hos apolls	EVE	R H	AD OR	HAS AN CERTIFICA SUSPEND YES NO Cand art trouble ph or low ble may stone or per or album	DATE DATE DATE DATE DATE DATE DATE DATE	ERBEN (R REVOKE E W ANY (OF 1	HE FOI	AIRC PASI VE: NO LLOW! Norven Any dri Incomb	RAFT A 2 YEAR 3 1 1 Cone re trouble up or nor re drinten and suitable stdanger	CCIDENT WI'S DATE or emah "yee" Sittom of any sort sortic habit ig habit v	HIN I	ME d. do	s. Made s. Raje s. Adm r. Ross	PHYSII (If non condition c	CAL EX lon do di londifica frame to the tree o heapth offic conv	AM so) REMARK III III III III III III III I
MRITAI 1. MED No No L L L L L L L L L L L L L	Frequent Distinguis Unconscle Eya troub Hay fever Ashme	TORY - H Condition or severe is or fetning unness for io except gli Annges of	IAVE YOU n needla,hos apolls	eve	R H.	AD OR	HAS AN A CERTIFICA SUSPEND YES NO Center trouble the results of th	TE EVI D OIL DATI U NO Hitten ad prod	ERBEEN (REVOKE	OF T	HE FOI	AIRC PASI VES NO LLOW! Norvon Any dri Incomb Mattern Mattern All Marry	RAFT A 2 YEAR 5 Control (P Contro	CCIDENT WI'S SE DATE or emah "yeer" ditton of any sort estic habit ig habit ig habit v oquiring druge disahorge	HIN I	HE do do	i. Ingle i. Roje v. Adm r. Ross i. Ross	PHYSII (If non condita	CAL EX lon in it. and the man print of the tree of heapth office convi-	AM 80) REMARK IN Concession of the concession of
MRITAI 1. MED a No b. c. d. i. i. i. i. i. i. i. i. i. i	Frequent Distinces Unconscle Eye troub Hay lever Ashma (If no a	TORY - H Condition or severe h	17. i IAVE YOU n needle,hes apolls ony resear	EVE V	R H.	AD OR 9. Ho 1. Sto 1. Epi	HAS AN CERTIFIC AS SUSPEND YES NO CONTROL OF THE PROPERTY OF T	AA A A I I I I I I I I I I I I I I I I	ERBEN (R REVOKE E W ANY (OF T	HE FOI	AIRC PASI VEE VEE NO Norvoo No	RAFT A 2 YEAR 5 Control (P Contro	CCIDENT WI'S SE DATE or emah "yeer" ditton of any sort estic habit ig habit ig habit v oquiring druge disahorge	HIN I	HE et de	s. Made 1. Roje v. Adm r. Rom i. Cohe	PHYSICAL CONSISTENCY OF THE PH	CAL EX ice almost condition in the inser- in th	AM 90) REMARK IN
MRITAI 1. MED a No b. c. d. i. i. i. i. i. i. i. i. i. i	Frequent Distincts Unconside Eye Iroub Hay lever Ashme 6 (If no a	TORY - H Condition or severe h	17. i IAVE YOU n needle,hes apolls ony resear	EVE	R H.	AD OR 9. Ho 1. Sto 1. Epi	HAS AN A CERTIFICATION OF HAVE YOU CONTINUED TO FOR HAVE YOU CAN A CONTINUED TO FOR HAVE Y	D. OR PORTER OF THE PROPERTY O	ERBEEN IR REVOKE SWANY OF THE PROPERTY OF T	OF TO	HE FOI No m.i n.i o. t q. i	ARC PASI YES NO Norvee Any dra become hitempy highery	RAFT A 2 YEAR 3 YEAR 4 YEAR 5 YEAR 6 Connect trouble 10 or nor 10 definition 10 section 10 medical 10 medical	CCIDENT WI'S DATE or amak "yes" dition of any sori soric hebit ig hebit oquiring druga disaharga	HIN I	HE et de	s. Made 1. Roje v. Adm r. Rom i. Cohe	PHYSICAL CONSISTENCY OF THE PH	CAL EX so, sould condition from or reservables conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould	AM 90) REMARK IN
MILITAI I. MED II. II. III. III. III. III. III. III.	Frequent Distinces Unconscle Eye troub Hay lever Ashma (If no a	TORY - H Condition or severe h or severe h or festiling unness for le ancept gli Annages of ER BEEN TEAMENT TEAMENT TEAMENT TEAMENT	17. i	EVE Vo	R H.	AD OIL G. He G. He I. Sto I. Sep I Ept I Ept	HAS AN A CERTIFICATION OF HAVE YOU CONTINUED TO FOR HAVE YOU CAN A CONTINUED TO FOR HAVE Y	TE EVILL DEFF	ERBEEN IR REYOKE E SOURCE SOURCE SOURCE FECTS NC FE	OF TO	HE FOI No m.i n.i o. t q. i	ARC PASI YES NO Norvee Any dra become hitempy highery	RAFT A 2 YEAR 3 YEAR 4 YEAR 5 YEAR 6 Connect trouble 10 or nor 10 definition 10 section 10 medical 10 medical	CCIDENT WI'S DATE or assah "yes" litton of any sort cents habit g habit oquiring druga disaharga	HIN 1	HE	s. Made 1. Roje v. Adm r. Rom i. Cohe	PHYSICAL CONSISTENCY OF THE PH	CAL EX so, sould condition from or reservables conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould	AM 90) REMARK IN
MILITAI MED No L L L L L MARKS HAVE ISSUE OF D ABILIT	Frequent Distinces Unconscle Eye troub Hay lever Ashma (If no a	TORY - H Condition or severe h or severe h or festiling unness for le ancept gli Annages of ER BEEN TEAMENT TEAMENT TEAMENT TEAMENT	17. i	EVE Vo	R H.	AD OIL G. He G. He I. Sto I. Sep I Ept I Ept	HAS AN I CERTIFICATION OF THE PROPERTY OF THE	TE EVILL DEFF	ERBEEN IR REYOKE E SOURCE SOURCE SOURCE FECTS NC FE	OF TO	HE FOI No m.i n.i o. t q. i	ARC PASI YES NO Norvee Any dra become hitempy highery	RAFT A 2 YEAR 3 YEAR 4 YEAR 5 YEAR 6 Connect trouble 10 or nor 10 definition 10 section 10 medical 10 medical	CCIDENT WI'S DATE or assah "yes" litton of any sort cents habit g habit oquiring druga disaharga	Monte	HE	s. Made 1. Roje v. Adm r. Rom i. Cohe	PHYSICAL CONSISTENCY OF THE PH	CAL EX so, sould condition from or reservables conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould	AM 90) REMARK IN
MILITAI 1. MED 1. MED 1. L.	Frequent Distinces Unconscle Eye troub Hay lever Ashma (If no a	TORY - H Condition or severe h or severe h or festiling unness for le ancept gli Annages of ER BEEN TEAMENT TEAMENT TEAMENT TEAMENT	17. i	EVE Vo	R H.	AD OIL G. He G. He I. Sto I. Sep I Ept I Ept	HAS AN I CERTIFICATION OF THE PROPERTY OF THE	TE EVILL DEFF	ERBEEN IR REYOKE E SOURCE SOURCE SOURCE FECTS NC FE	OF TO	HE FOI No m.i n.i o. t q. i	ARC PASI YES NO Norvee Any dra become hitempy highery	RAFT A 2 YEAR 3 YEAR 4 YEAR 5 YEAR 6 Connect trouble 10 or nor 10 definition 10 section 10 medical 10 medical	CCIDENT WI'S DATE or assah "yes" litton of any sort cents habit g habit oquiring druga disaharga	Monte	HE	s. Made 1. Roje v. Adm r. Rom i. Cohe	PHYSICAL CONSISTENCY OF THE PH	CAL EX so, sould condition from or reservables conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould conv sould	AM 90) REMARK IN
MILITAI MED Me B C C C C C C C C C C C C	Frequent Distinces Unconside Eye troub Hay lever Ashma (If no a	TORY - H Condition Conditi	17. i	eve vo	R H.	AD OIL G. He G. He I. Sto I. Sep I Ept I Ept	HAS AN I CERTIFICATION OF THE PROPERTY OF THE	I DEF	ERBEEN IR REYOKE E SHAPE SHA	OF I	ME FOIL NO. 1 No.	AIRC PAST VE NO Norve No	RAFI A Z YEAR L YEAR	CCIDENT WI'S DATE or assah "yes" litton of any sort cents habit g habit oquiring druga disaharga	ASON	HE No.	acribe I. Roje Adar Roya Roya Roya WAIV	PHYSI (If non condition condition condition condition for	CAL EX INC. OR	AM 90) REMARK IN
MILITAIN AED Me	PY ICAL HIS Frequent Distinces Unconscio Eye troub Hey tever Ashme (II no a VOU EV D A \$1/1 E in ONE Eye troub Eye troub Eye troub	TORY - H Condition Condition Condition or severe in concept pl manages of man	I7. i	COREST	danie	AD OF AD OF A SHAPE A	HAS AN I CERTIFICATION OF THE PROPERTY OF THE	AA A TE E VICE TO THE PROPERTY OF THE PROPERTY	ERBEEN R. REYOKE E SWANY SWANY TO UTING THE TING TREATME TREATME TREATME TREATME TREATME TREATME TREATME TREATME	OF I	ME FOIL NO. 1 No.	AIRC PAST VE NO Norve No	RAFI A YEAR L	CCIDENT WI'S S DATE or emah "yee" ditton of ony sent sents heldi g heldi noquiring druge discherge	ASON	HE NO.	a discontinue de la continue de la c	PHYSI (If non condition Co	CAL EX INC. OR	AM 90) REMARK IN

The second second second

								DED.	701	$\overline{\Delta}$	MEDI	- A	ĒV A	AAIA	IA T	ON							
NOR.	CHECK	EAC	H ITEM	IN API	PROPRI	ATE		KEP	A		MEDI	3 C	Describe		ry ab	normality	n de	toil, er	iter a	pplicol	ole item r	umb	•1
MAL	COLUA 25. Hei					ated)			NO MA	-	belor		ch com	ment.	Usa c	dditional si	10011	il noce	****	and a	Hach to I	hie fa	/m .
 -	25. Hei		EG, NGC	1 004 1	cesp				├	-													
 -	27. Sin								├	\dashv													
 	28. Me		ed three	al .					 	\dashv													
	29. Ear	1, 90	nerel	/ Internal	Take on	under il	46.0		 	7													
	30. Dry	ms r	Perform	(0.01)						J													
	31. Eye				-	der den	. 50 4	811															
ļ	32. Op								_	4													
 -	33. Pup			7.0155	100		versión de la			4													
-	34. Oct									\dashv													
 -	36. He	·								\dashv													
	37. Ve					<u> </u>				٦													
	38. Ab	lome	end v	lecera	(Inches	-	(a)			7													
	39. An	-			errheide	, Anada	p/ook	iley		J													
	40. End			m																			
ļ	41. G-				107 : -	7000				4													
	42. Up;		_			of mode	w			4													
<u> </u>	44. Ide					lattee				4													
	45. Skis	end	lymph	e Hes						-													
	46. Ne				A. 40			_		1													
	47, Psy									J				FOI	RFAA	USE-PAT	1010	GY CO	DEN	05			
	48. Ger	verel	sy s tom				γ]		L													
49 HE	ARING HISPERED	VOIE		RIC	GH1 EA		ऻ	LEFT	EAR							i sast typas o	n/y/		AR V				
(STA	NONG SI	DEW 4	VS	SOO TI	000 1200	FT.	500	11000	2000	F1.	RIGHT EY	_	0/			0 10 20/		20/			MRECTED I		
	AUDIOM (Decibel	ETER		****	***		1	1			BOTH EYE		0/			0 10 20/	-+	20/			ORRECTED I		
	TRACCU			N (To	nometr	y reau	ined.	<u> </u>	Ь—	53		_				nber of plan							
	Air Tre		ntrol S	iperraiu						-								-					
	ACILE		RIGHT	EYE		LEFTE	YE																
!	ONOME		<u> </u>							<u> </u>													
RIGHT E	54. FIE	100	F VISK			DISTA		OPHO	RIA		TERS (No	(Yed	juired f		HORIA	iret)	RiG	HT H.			LEFT H .		
	. •		i .	-]							Į										
		5	6. BLC	00 PR	ESSUR	Ē				\vdash						57. PULSE	(W/4	-					
RECUMB MM MER	ENI. CURY		57510	LIC		DIAST	SUC			REST	ING			T	AFTER	EXERCISE			3 ***	NUTES	AFTER EXER	CISE	
						<u> </u>				L									L_				
ALBUMIN	SE. URI		SIS		59. E	co (B	lase)	60.	DTHE	R TE	STS										-		
-2 -0-mil	-	~`																					l
				ORY A	NO F	NDIN	G 5,	RECO	MME	NDA	TIONS (A	apa a d	- Ha	نظيون	Nen r	perts, BC0	A. N.	reye es	. 60	r	FOR FAA	USE	
	pori bafu																			C00	€D	T	
																				 -		╁	
																					CHED	1 _	
																				VER	FIED]
A2 A9	PLICANT	5 N/	ME					-	_	43	DISQUAL	PVIN	13 Des	ICH	72.40	by Sam no.						1	
						7 445	200	47110		••	J. 5 & 5 AL			4418	,		•			EXAM	NER CODE	8	\neg
,	N ISSUED NO CERIF	15501	0 14	ITHER EV	ALUANO] #[6 34 86	WIRED	ł	'''											CLERK	AL PERCT		
	AS SEEN								_	_										<u> </u>			
es ME	DICAL RI	X4M	inado	n rep	ort, a	nd th	at t	16 n	pon	I h	ereby ce ih any a	rei/y	thai hmeni	amb.	ersor odles	my findin	As o	d the omple	app!	icani ind co	named rrectly.	ол (nu
DATE C	OF EXAM	MATI	ON						EXA	MINI	R'S NAM	AN	D ADD	RESS	7	VIATION	MOK	AL EX	MIM	ER'S S	GNATUR	Ē	
]"	ype or	prini	•															1
					[- 1								

マント のこ はいのは 神経のない かんかん かんかい こうじゅうしゅ ちんしゅうきゅう

Figure 1b. FAA Form 8500-8 (back) - Report of Medical Examination.

same control data information (last name, first initial, date of birth, and SSN). This action helps to assure accuracy of the control data by providing manual review of the medical record.

Occupation is coded from information furnished by the applicant in block 10 of the application form. Only aeronautical occupations are coded for input to the automated system. If the item is left blank by the applicant and cannot be determined from other information provided on the examination, the occupation is entered as "nonaeronautical."

The cause for denial was determined by the presence of an alpha prefix to a specific pathology code. The prefix and code are assigned by medical review clerks in the Aeromedical Certification Branch. Internal computer edits assure logical assignment of such prefixes and pathology codes. These edits are applied when initial file maintenance to an airman's record is made and again at the end of each quarter to eliminate discrepancies in pathology and denial data on the active master file. Data presented regarding pathology represent conditions cited as cause for denial, not applicants. Some airmen denied medical certification for legal or administrative reasons or for failure to provide additional medical information would not necessarily have a pathology code assigned. There are also airmen who are denied for more than one cause.

III. Findings and Discussion.

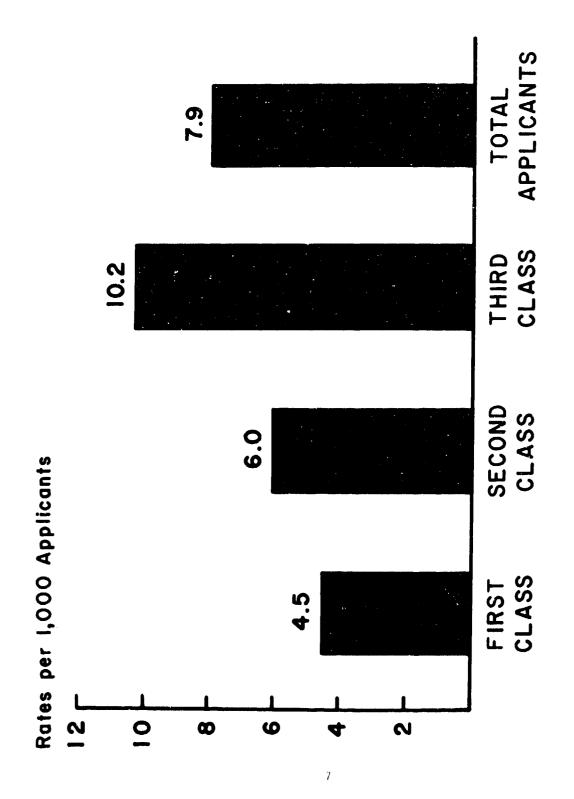
M. Danbert with a reserve

A. General Comments

As of December 31, 1975, there were 763,793 active airmen in our automated system; 77,466 held first-class medical certificates, 307,528 held second-class certificates, and 378,799 held third-class certificates. In CY 1975 and 1976, 12,112 airmen were denied medical certification. The annual denial rate based on airman applicants is, therefore, 7.9 per 1,000 airmen. During the same 2-year period, 1,052,476 FAA physical examinations were performed giving a denial rate per 1,000 applications of 11.5.

The annual denial rate per 1,000 applicants is 4.5 for first-class, 6.0 for second-class, and 10.2 for third-class certification.

In the previous study of CY 1973-1974 applicants (3), the denial rate per 1,000 applicants was 8.9 and the rate per 1,000 applications was 13.1. It would appear that the per-applicant denial rate is declining. However, this could be attributed to a change in processing "pending" applications on which no additional information is received.



ANNUAL DENIAL RATES BY CLASS OF CERTIFICATE APPLIED FOR, 1975-1976. FIGURE 2. MEDICAL

In November 1975, an automated procedure was implemented which assigns a denial class code to these "pending" records later than the previous manual system.

B. Age Distribution of Denied Airmen

Tables 1 and 2 reflect the age distribution and age-specific denial rates by class-applied-for. Table 1 shows that airmen applying for third-class certificates account for 64 percent of all denials, with second-class accounting for 30 percent and first-class applicants only 6 percent.

Denial rates by class-applied-for also indicate that the highest crude rates for denials are applicants for third-class medical certification (general aviation/private or student airmen) with an annual denial rate of 10.2 per 1,000 applicants. Occupationally connected airmen require first- or second-class medical certificates, and denial rates for these categories (4.5 and 6.0 per 1,000 applicants respectively) are substantially lower than the general aviation (third-class) category or the total population denial rate (7.9 per 1,000 applicants). In the previous study, denial rates by class applied for were 11.2 for third-class, 7.1 for second-class, 4.5 for first class, and 8.9 for the total denial population.

Airmen may apply for and obtain any class of medical certificate for which they qualify; however, most new applicants apply for third-class medical certification, consistent with their intended use of the certificate. Firstand second-class medically certified airmen are more likely to be occupationally connected airmen, either on a full time or part-time basis. As such, these airmen are, to some extent, medically purged and denial rates for these two classes are more likely to reflect incidence rather than prevalence of disqualifying pathology among a more stable numerical group. Applicants for third-class medical certificates are comprised of many new applicants whose medical statuses have not been previously appraised by the FAA (as many as 145,000 for CY 1975 and 1976, or 34 percent of all third-class examinations performed during those years). Only $1 \ 1/2$ percent of all first-class examinations and 7 percent of all second-class examinations performed are for new applicants (6). Therefore, the substantially higher denial rate for the third-class group more likely results from a combination of prevalence and incidence of disqualifying pathology than from any recognizable epidemiologic factor. New applicants account for approximately 15 percent of the total applicants for medical certification.

Also shown in Table 1 and Figure 3 are the mean ages for the three class-applied-for-denial groups and the three class-issued-population groups. First-class airmen were oldest (denied airmen--47.2, active airmen--38.1); third-class

Table 1. CY 1975 and 1976 Denied Applicants by Age and Class of Medical Certificate Applied For

	First	Second	Third	
Age*	Class	Class	Class	Total
Less than 20	12	37	267	316
20-24	2.5	304	699	1,028
25-29	34	530	816	1,380
30-34	47	387	638	1,072
35-39	5 2	397	610	1,059
40-44	64	476	767	1,307
45-49	7 2	414	1,047	1,533
50-54	162	560	1,157	1,879
55-59	188	395	856	1,439
ú0−64	37	138	491	666
65-69	5	44	222	271
70 and over	1	24	137	162
Total Danied	699	3,706	7,707	12,112
Percent of Total Denials	5.8	30.6	63.6	100.0
Total Issued-				
1975 & 1976*	183,649	440,660	416,055	1,040,364
Percent of Total				
Applications Issued	17.6	42.4	40.0	100.0
Total Applications				
1975 & 1976*	184,348	444,366	423,762	1,052,476
Denial Rate per				
1,000 Applications	3.8	8.3	18.2	11.5
Total Applicants**	77,466	307,528	378,799	763,793
Annual Denial Rate per				
1,000 Applicants	4.5	6.0	10.2	7.9
Mean Age of	4 7 6		10.5	
Denied Airmen***	47.2	41.3	42.9	42.7
Hean Age of Active				
Population Airgen***	38.1	36.6	36.4	36.7

^{*}Examination Computer Submission Summary Reports, RIS: AC 8500-3, Calendar Years 1975 and 1976.

^{**}Examination Time Period Summary, RIS: AC8065-4, December 31, 1975.

^{***}Age as of the date of examination to last birthday.

^{****}Age at last birthday as of December 31, 1975.

Table 2. Age Distribution Comparison--Active Airmen Vs. CY 1975 and 1976 Denied Applicants

The state of the s

		First Class	ŀ		Second Class	Class		Third Class	1268		Total	
	•	,	Annes Age	,		Annual Age			Ammal Age			Access 1 Age
Are Group	Africa	Active	Specific Denial Ratest	Denied Airmen	Active	Specific Denial Ratett	Denied	Active	Specific Denial Rateit	Denied	Active	Specific
Less than 20	23	1,158	5.2	37	5,523	3.3	267	25,280	5.3	316	31.961	0.9
20-24	22	4,907	2.5	3 0°	30,041	5.1	669	58,237	0.9	1.023	93.185	n ur
25-29	*	9,868	1.7	530	597,09	4.4	919	53,689	7.6	1.380	124.022	4.5
30-3	41	16,150	1.5	38?	53,516	3.6	989	48,005	9.9	1,072	117.671	9.4
35-39	z	14,385	1.8	397	45,566	4.4	910	40,843	7.5	1,059	100.794	. F
40-44	3	10,696	3.0	9/7	40,675	5.8	167	39,414	9.7	1,307	90.785	7.2
45-49	72	6,458	5.6	414	25,905	8.0	1,047	42,014	11.6	1,533	11.377	6
* 2 .1	162	7,589	10.7	266	24,650	11.4	1,157	34,842	16.6	1.879	180.79	0.21
55-59	188	4,978	18.9	395	14,105	14.0	826	19,408	22.0	1,439	38,491	18.7
29-09	33	1,068	17.3	138	4,839	14.1	165	9,230	26.6	999	15.197	21.9
69-59	~	174	14.4	\$	1,590	13.8	222	3,371	32.9	271	5.135	26.4
70 and older	-	33	14.3	54	593	20.2	137	1,466	46.7	162	2,0%	38.7
TOTAL	\$	17,466	4.5	3,706	307,528	6.0	7,707	378,799	10.2	12.112	763.793	7.9

*age as of date of examination to last birthday for denied airmen; age at last birthday as of December 31, 1975, for active airmen.

**Per 1,000 Applicants.

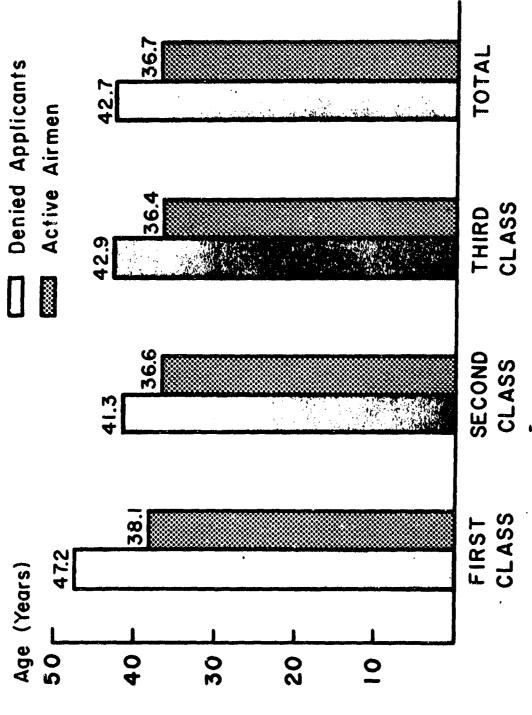


FIGURE 3. AVERAGE AGE OF DENIED APPLICANTS COMPARED WITH ACTIVE AIRMEN.

airmen were the next oldest (denied airmen--42.9, active airmen--36.4); and second-class airmen were the youngest (denied airmen--41.3, active airmen--36.6). The mean age for all denied applicants was 42.7, compared to a mean age of 36.7 for the active airman population. Denied airmen's average age was 6 years older than the active population airmen's average age. The mean age of denied airmen has increased about 2 years for all classes since the 1973-1974 study (3).

Table 2 reflects similar age trends by class of medical certificate; however, age-specific rates were higher for second-class over first-class and third-class over both first-and second-classes. Overall, the age-specific denial rates for the younger age intervals were higher than the 30-34 and 35-39 age intervals. Again, this is attributed to new applicants not having been previously screened by the FAA. At the 40-44 age interval the denial rates again start upward. Second-class, third-class, and total denied airmen rates continue upward from that point reaching the highest age-specific denial rate at the 70-and-older age interval. Whereas, first-class rates go upward from the 45-49 age interval reaching the highest age-specific denial rate at the 55-59 age interval.

C. Previous Application Status of Denied Airmen

Data contained in Table 3 provide a more detailed break-down of denied airmen by age, class of medical certificate applied for, and whether a previous FAA medical examination was recorded for the individual. This breakdown allows for appraisal of denied airmen by "new applicant" versus "previously certified" status. Comparable data from the active population were not available and denial rates could not be computed. However, trends from the proportional comparisons can be observed and certain assumptions made on the basis of relative contribution to overall denials from the data provided.

For total denied applicants, the ratio of new applicants to previously certified applicants is approximately 1 to 1 (new applicants--45 percent; previously certified applicants--55 percent). However, within the three classes of medical certification, a different picture emerges. Approximately 86 percent of the first-class denials and 74 percent of the second-class denials were previously certified airmen. In sharp contrast to the relationship existing in the first-and second-class categories, more than half (56.7 percent) of the third-class denials were new applicants, with 47.9 percent of these appearing in the "student pilot" category.

Again, this relationship was expected because the firstand second-class categories are normally associated with professional pilots who have been previously medically

the factor and a proper production of the contraction of the contracti

Table 3. CY 1975 and 1976 Denied Applicants by Age, Class of Medical Certificate Applied For, and Whether a Frevious Examination Was Recorded

					Secon	Second Class	Second Class	Class	Second Class		Second Class Commercial	181	Second Class	Second Class	Pi,	Third Class	1	The total Class				
	111	First Class	Second Class	Class	A IC	ATC - CIV.FAA	ATC-Militery		Navigator Pilot/AIC Previous Examination Recorded		Pilot/AIC	# # # # # # # # # # # # # # # # # # #	Pilot	Pilot/ATC	Private	ig .	Student	dent		Total		
Age Group*	12	ô	Xcs.	ŝ	Yes	β	Yes	No	Yes	S	ē	No	2	SE SE	Yes	ê	Xes.	2	ä	Percent	2	Percent
Less than 20		•	•	\$2		3	1	2	ı				,		ıń	5	23	236	36	0.3	280	2.3
20-24	7	81	8	2	23	101	21	3			=	1	4	-	*	19	8	526	288	2.4	740	6.1
25-29	17	11	133	95	8	129	53	1	-		35	7	29	3	ş	18	8	8	210	4.2	870	7.2
30-34	23	113	138	£	93	23	~			•	43	~	13		120	35	7.5	807	527	4.4	545	4.5
35-39	45	4	168	59	85	12	12			,	39	1	12	1	147	38	18	**	263	4.9	797	3.8
74-07	\$	•	202	73	133	80	4			4	32	1	70	•	224	62	88	383	773	7-9	534	4.4
45-49	65	1	199	53	81	•	7	•	5		37	m	18	-	607	108	101	429	923	7.6	910	5.0
X Ż	145	11	27.1	89	96	∞	٣	•	7	1	65	m	16	7	537	173	60	358 1	1,229	10.1	9	5.4
55-59	185	æ	216	79	67	æ	•	-	5	,	57	4	13	r4	438	11.5	נג	232	1,001	8.3	438	3.6
3	37	•	92	74	13		•	•			7		-	,	279	63	45	10,	475	3.9	161	1.6
69-69	4	_	42	7	٠						•	•	r	1	143	5.	19	92	208	1.7	63	0.5
70 and older	-	•	21	٣	•			ŧ					•	•	95	19	a 0	33	115	6.0	41	7.0
TOTAL	3	8	1,555	636	419	296	63	90	22	n	293	13	130	5	2,538	679	~ %	3,686	6,682	•	5,430	
Percentitit	86.3	13.7	42.0	17.2	18.2	0.8	1.7	0.2	4	đ	0		ب ب	2 2	3	a	ý 91	6	,		•	

*Airman's age as of the date of examination to last birthday.

"The date, it amy, in Block 20, FMA Form B300-6, indicates whether a previous examination was recorded.

***The contages provided are within the three major class applied for categories (first, second, third).

A 🎉

appraised by the FAA, whereas new pilots are more likely to make application for third-class medical certification.

This relationship is further substantiated, as previously discussed, in that 34 percent of all third-class, 7 percent of all second-class, and 1 1/2 percent of all first-class examinations performed in 1975 and 1976 were "new applications."

D. Occupations of Denied Airmen

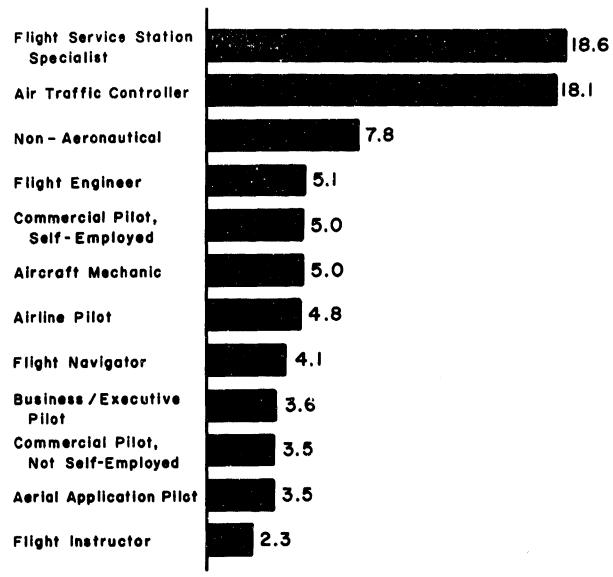
The majority of denied airmen are not occupationally connected with aviation (see Table 4). Eighty-two percent of all denied airman applicants indicated nonaeronautical occupations on their application. These applicants yield an annual denial rate of 7.8 per 1,000 applicants. The largest denial percentages of applicants occupationally connected to aviation was the 11 percent among air traffic controllers (ATCs). The ATC category also experienced the second highest overall annual denial rate (18.1 per 1,000 applicants). The flight service station specialists (FSS) category experienced the highest denial rate (18.6 per 1,000 applicants). Of these occupationally connected airmen, flight engineers, selfemployed commercial pilots, and aircraft mechanics had the next highest rates (5.1, 5.0, 5.0 respectively). Airline pilots had the sixth highest rate of 4.8 per 1,000 applicants (see Table 4 and Figure 4). Only 2.7 percent of the total denials were in the airline pilot occupation category. All of the other occupation categories combined represented less than 5 percent of total denials.

These findings are consistent with previous experience as to denial data by occupation (3).

E. Total Flying Time of Denied Airmen

Flying time data further emphasize the contribution of new applicants to total denials. Table 5 and Figure 5 show total civilian flying time as recorded by the applicant on his denied application for medical certification. Fifty-one percent of the denied airmen indicated less than 40 hours total flying time (the number of hours required for a private pilot's license). Thirty-two percent of these airmen indicated no flying time. Of course, some of these airmen indicating no hours flown, as many as 1,041, are strictly air traffic controllers (see Table 3). However, if the 1,041 controller denials are subtracted, the remainder still indicates that new pilot applicants are the major contributor to total denials. The "less than 40 hours flying time" category still equals 42.3 percent when the "air traffic controller only" figure is subtracted.

The next largest percentage of denials occurs at the "more than 1,000 hours" interval (16.7 percent) followed by the "100-299 hours" interval (12.5 percent).



Annual Rates per 1,000 Applicants

FIGURE 4. ANNUAL DENIAL RATES BY OCCUPATION, 1975-1976.

Viligi 1

Table 4. CY 1975 and 1976 Denied Applicants by Occupation and Class of Medical Certificate Applied Form

	Pirst	Second	Second	Second	Second Class	Second	Second	Third	Third	Total	Total	Aumus? Rate
Occupation Filet. First-Glass	Cless	Class	ATC-CIV/PAA	ATC-Hilitary	Navigator	Pilot/ATC	Pilot/ATC	Private	Student	Denied Airmen	Active Airmenet	per 1,000 Applicents
Airlines Only	328	•	• •	•	•	-	,	•		329	¥.536	ļ
Flight Engineer	•	13	1	•	22	•	•	•	1	3	3.877	
Flight Mavigator/ Radio Operator	•	•	•	•		•	•	•	•		123	. 4
Pilot, Business or Executive	121	n	•	•	ı	•	•	•	•	124	17 387	
Commercial Pilot, Self-Employed	-	8	•	•	ı	,	•	7	•		1 30) (
Commercial Pilot,	•	16	•	,	,	•	•	•	1	3 8		
Aero Application	-	22	•	•	•	•	•	•	•	; ;	150,61	.
Air Traffic Controller	•	m	873	п	ı	273	119	_	-	3 5	777	Ç
Flight Service Station Specialist	,	7	92	•	•	*	23		4 1	<u> </u>	671, %	197
Pidght Instructor	•	5	•	•	1	•	•	-	•	3 =	, , , , , , , , , , , , , , , , , , ,	6.6
Aircraft Machanic	•	ສ	-	•	•	,		21	^	67	98.4	5.3
Mon-Aeronautical or Not Given	232	1,978	4	•	el	~	•	3,200	(87.4	9.896	190'529	
TOTAL Percent	699 5.8	2,191 18.1	970 8.0	71 0.5	25	310	142	3,216	4,488	211,21	763,793	7.9

*Blocks 9A and B, FAA Form 8500-8, determine class applied for.

##As of December 31, 1975.

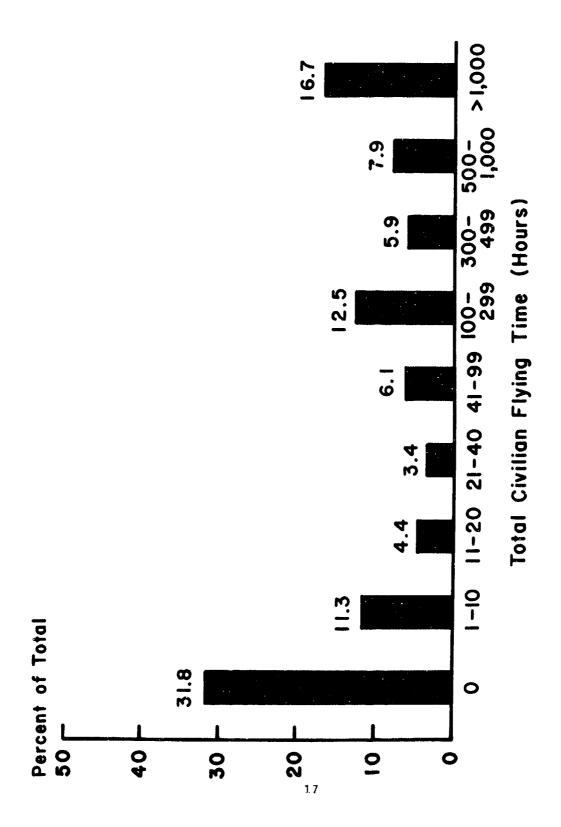


FIGURE 5. RECORDED FLYING TIME OF DENIED 1975-1976. APPLICANTS,

Table 5. CY 1975 and 1976 Denied Applicants by Total Recorded Flying Time

Total Flying Time*		Percent
(Hours)	Number Denied	Of Total
0	3,847	31.8
1 - 10	1,367	11.3
11 - 20	536	4.4
21 - 40	419	3.4
Subtotal	6,169	50.9
41 - 99	742	6.1
100 - 299	1,516	12.5
300 - 499	711	5.9
500 - 1,000	949	7.9
More than 1,000	2,025	16.7
Subtotal	5,943	49.1
TOTAL	12,112	100.0

^{*}The total civilian flying time recorded in Block 16, FAA Form 8500-8, determines total flying time.

r 🎳

F. Medical Characteristics of Denied Airmen

Tables 6 and 7 and Figure 6 provide annual cause-specific denial data, per 10,000 applicants, by class of medical certificate applied for and sex. In Table 6, one can observe an increasing denial rate for third-class over second-class and for second-class over first-class. This is also true for the cause-specific rates except in the ear, nose, throat, and mouth, and neuropsychiatric categories where the second-class rates are larger than the first- and thirdclass rates; and, first-class rates are larger than the secondand third-class rates in the bones and joints category. most significant causes for denial (regardless of class applied for) are cardiovascular (with an annual denial rate of 33.1 per 10,000 applicants); the miscellaneous category, which includes endocrinopathies, general systemic conditions, use of disqualifying medications, and administrative denials for failure to provide additional medical information (with an annual denial rate of 28.3 per 10,000 applicants); and neuropsychiatric (with an annual denial rate of 19.4 per 10,000 applicants). Eye pathology is next in importance at a substantially lower rate. These findings are essentially the same as the findings of the study of 1973/1974 applicants (3).

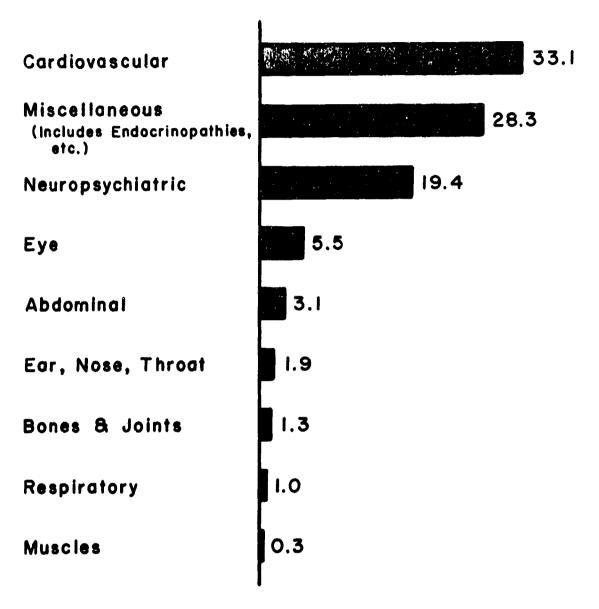
Administrative denials for failure to provide additional medical information represent a large portion of the denials in the miscellaneous pathology category. Of the 4,318 denials in this category, 1,496 or 34.6 percent were for failure to provide additional medical information.

As shown in Table 7, cause for denial by sex indicates that males were most frequently denied for cardiovascular reasons, second for miscellaneous causes, and third for neuropsychiatric reasons. Females, however, were most often denied (40 percent) for miscellaneous causes (the majority of denials in this category were for failure to provide additional information), followed by neuropsychiatric reasons, then cardiovascular reasons. These findings are the same as in the previous study of 1973/1974 applicants (3). However, for all denied applicants, four pathology categories (cardiovascular, miscellaneous, neuropsychiatric, eye) account for more than 90 percent of all denials.

The female population also experienced a higher overall denial rate (99.8 per 10,000 applicants) than did the male population (93.4 per 10,000 applicants).

G. Airline Pilot Data

Observations of the airline pilot group probably come the closest to a true reflection of incidence of disqualifying disease as is possible to observe from the data available.



Annual Rates per 10,000 Applicants

FIGURE 6. CAUSE FOR APPLICANT DENIAL BY MAJOR BODY SYSTEM, 1975-1976.

Table 6. Cause For Denial of CY 1975 and 1976 Denied Applicants by Pathology Series and Class of Medical Certificate Applied For

		~	S	Second Class	Th	Third Class		Total
Pathology Series	Cause For Denial*	Annual Rate per 10,000 Applicants	Cause For Lenial*	Annual Rate per 10,000 Applicants	Cause For	Annual Rate per	Cause For	el i
Eye	99	1.9	259	4.2	547	7.2	•	10,000 Applicants
Ear, Nose, Throat, and Mouth	33	2.1	156	2.5	96	1.3	285	
Respiratory	12	0.8	58	6.0	98	1.1	156	
Cardiovascular	306	19.7	1,304	21.2	3,451	45.6	5.061	33.1
Abdomine l	33	2.1	161	3.1	253	3,3	7.27	3.1
Weuropsychiatric	153	6.9	1,332	21.7	1,471	19.4	2.956	19.61
Bones and Joints	£ 7	2.8	62	1.3	73	1.0	195	
Muscles	∞	6.5	11	0.2	22	0.3	£ 1 7	0.3
Miscellaneous (Disqualifying Nedication, Endocrino-								3
pathies, etc.)	197	12.7	1,179	19.2	2,942	38.8	4.318	78.3
TOTAL	815	52.6	4,569	74.3	8,941	118.0	14.325	93.8

*Refers to distinct pathological conditions cited as cause for denial. Data does not represent airman applicants; however, most are denied for a single cause. Some applicants are denied for administrative reasons, e.g., failure to provide required ancillary or history data, may not have a specific pathology code assigned.

y **'s**

975 and 1976 Denied Applicants by Pathology Series and Sex CY Table 7.

	Male*	n *	Fem	Female*
		Annual Rate		Annual Rate
	Cause For	per 10,000	Cause For	•
rathology series	Denial**	Applicants	Denial**	Applicants
rye	160	5.2	16	9.5
Ear, Nose, Throat, and Mouth	271	1.9	14	1.8
Respiratory	145	1.0	11	1.4
Cardiovascular	4,928	34.0	133	16.7
Abdominal	177	3.1	30	3.8
Neuropsychiatric	2,759	1.61	197	24.8
Bones and Joints	183	1.3	12	1.5
Nuscles	39	0.3	2	0.3
Miscellaneous (Disqualifying				
Medication, Endocrinopathies, etc.)	3,999	27.6	319	40.1
TOTAL	13,531	93.4	794	8.66

*Active airman population by sex (male--724,000, female--39,793) as of December 31, 1975.

Does not represent **Refers to distinct pathological conditions cited as cause for denial. airman applicants; however, most are denied for a single cause. This group is essentially purged of any disease prevalence that contributes to higher rates for other groups. Also, due to occupational reasons, these individuals are less likely to voluntarily remove themselves from follow-up observation for known medical conditions which would preclude FAA medical certification.

Conversely, voluntary attrition is a frequent occurrence among non-occupationally connected airmen who recognize that they are not medically qualified and, therefore, are never heard from again by the FAA.

Annual age-specific denial rates increase to the highest rate of 242.2 per 10,000 applicants at the age interval 55-59 (see Table 8). See Figure 8 for the age distribution and average age of denied airline pilots.

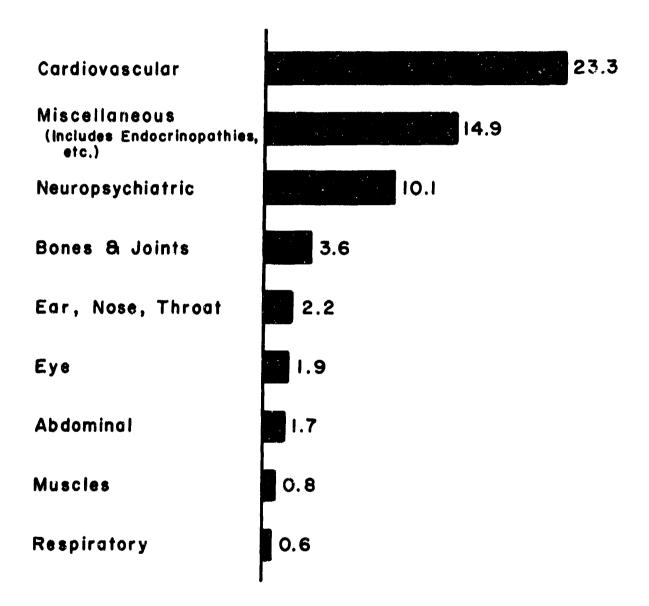
The most significant causes for denial are cardiovascular, the miscellaneous category, and neuropsychiatric, with denial rates per 10,000 airmen of 23.3, 14.9, and 10.1 respectively (see Table 8 and Figure 7). The importance of these categories, particularly over age 45, is again recognized.

IV. Summary.

This study of CY 1975 and 1976 applicants has provided comprehensive data reflecting pertinent denial rates with respect to the medical and general attributes of those airmen denied FAA medical certification. A similar study is planned every 2 years to monitor any changes in the epidemiologic findings concerning denied airman applicants.

As of December 31, 1975 (the midpoint for the denied applicant group), there were 763,793 active certified airmen. In CY 1975 and 1976, 12,112 airman applicants were denied medical certification, resulting in an overall denial rate of 7.9 per 1,000 applicants. By class of certificate applied for, the denial rate was 4.5, 6.0, and 10.2 per 1,000 applicants for first-, second-, and third-class respectively.

As expected, the mean age of the denied airmen group was higher (by 6 years) than the mean age of the active airman population group but was consistent with previous findings. Age-specific denial rates for the younger age intervals were higher than for the 30-34 and 35-39 age intervals. This can be attributed to new applicants not having been previously screened by the FAA. At the 40-44 age interval the denial rates start upward, with the highest overall rate at the 70-and-older interval.



Annual Rates per 10,000 Applicants

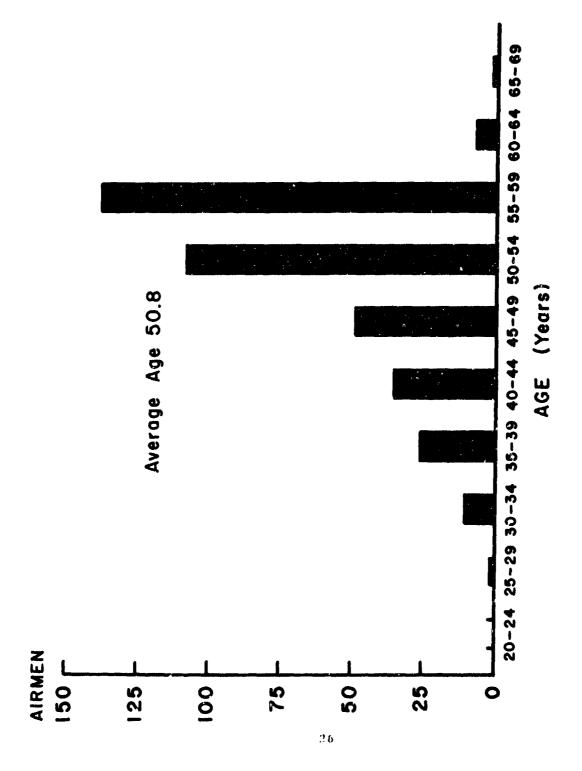
FIGURE 7. CAUSE FOR DENIAL OF AIRLINE PILOTS BY MAJOR BODY SYSTEM, 1975-1976.

Table 6. Cause for Dendal of CT 1975 and 1976 Dendad Airlian Pilots By Age and Pathology Series

					1		1		American				1		1	-	Ĩ	4	1	Í	
				Lax, Hose,					Lates		i i		leter .		letes	_	i e	A 2	ites		file I Perce
	Accive	ž.	F 5	Derect.	000°01	Respira-	10 OS	Carolto	10.00	-	10.00	Heuro- sevchistric	10.00	Jodafie	Per 10.060	Macles	1 9 S	Per Wee 10 000	9	Reter 10 0	7 of 1
A COMMAND	Pilets	8	Aice	(2002)		- 1	W.		Africa	(290)	Atre	(009)			1	(900)	1	(006)	Total		
本表	22																ŀ	ŀ		1	
2-2	*	•		•	•	•	•	_	3.5		•						•	•	•		ö
X-X	27.5	•		•	٠	•	•	•	•		•	•				•	•	•	3.8		7.
R-0	37.	24	7	•	•	٠	•	•	3.2	7	1.3	^				,	•	•	5.8 2		
7	110	m	e c	~	.:	-	9 .0	•	7.3	-4	* .0	•				-	9.0	=	6.9		•
\$ 1	200	•	•	-	4.3	~	* :	11	24.2	•	٠	•					•	2	7.1		77
*	4.076	•		4	£.9	•	•	7	20.3	٠,	7.7	92		~		-	7.	23	3.1		78.
25-23	2,043	•	12.3	•		~	5.5	2	122.8	w	*	2		•	74.0	~	3.5	2	6.0		×
ş	#	•	•		•	•	•	m	6.5	-	21.9	•				-4	21.9	7	3,9		4
\$	2		•	•	•		•		416. Ye		•	•		•		•	٠	•			6
TANGER!	31,336	23		4		*		1 2		11		3		23		•		*	374	4	
Percent of Total Desiries		7.7		3.7		:		39.3		3.0		17.1		6.2		13		25.1			180.0
Const-Specific Damied Better per 19,000 Atoms			3		2.2		9.		23.3		ä		19		3.6		6.6	~	î	3	_

sage as of date of enumbation to last birthdry. Millius pilots were determined by the combination of having a first-class andical cartificate issued within the past 13 wouchs and an occapation of "pilot for an airlian",

Amyles high rate per 10,000 motes for this cell is the trabult of small sembers effect. Source: Civil Asrematical lastitate, Asrematical Certification Branch, Medical Statistical Section.



AGE DISTRIBUTION OF DENIED AIRLINE 1975-1976. FIGURE 8. PILOTS, I

As anticipated, general aviation (third-class) applicants and new applicants contributed greatly to total denials, reflecting again that new applicants are being screened for the first time. Almost half (45 percent) of all denied applicants indicated no previous FAA medical application had been made. Eighty-two percent of all denied applicants indicated nonacronautical occupations on their application. Of the professional categories, the flight service station specialist and air traffic controller groups had the highest denial rates, with 18.6 and 18.1 per 1,000 applicants. Airline pilots were sixth highest of the occupationally connected airmen with a rate of 4.8 per 1,000 applicants.

Total flying time data also substantiated the contribution of new applicants to total denials with 51 percent of the denied applicants indicating less than 40 hours total flying time and 32 percent indicating no flying time.

For denials by pathology, an increasing overall denial rate for third class over second class and for second class over first class was observed. The most significant causes for denial (regardless of class applied for) were cardiovascular, miscellaneous pathology, neuropsychiatric, and, at a substantially lower level, eye pathology. These four categories are involved in 92 percent of all denials.

Cardiovascular causes resulted in the highest denial rate for males, while the miscellaneous pathology category provided the highest denial rate for females.

Epidemiologic findings are consistent with expectations and previous findings on denied airmen.

For airline pilots, annual age-specific denial rates increase to the highest rate at the age interval 55-59. The most significant causes for denial are cardiovascular, the miscellaneous category, and neuropsychiatric respectively. The importance of these categories, particularly over age 45, is again recognized.

REFERENCES

- 1. Siegel, P. V., and Booze, C. F.: A Retrospective Analysis of Aeromedical Certification Denial Actions, January 1961-December 1967. FAA Office of Aviation Medicine Report No. AM-68-9, 1968.
- Booze, C. F.: Characteristics of Medically Disqualified Airman Applicants During Calendar Year 1971, FAA Office of Aviation Medicine Report No. AM-74-5, 1974.
- 3. Dark, S. J.: Characteristics of Medically Disqualified Airman Applicants in Calendar Years 1973 and 1974. FAA Office of Aviation Medicine Report No. FAA-AM-76-10, 1976.
- Aeromedical Certification Branch: 1975 Statistical Handbook Computer Run (Internal Workload Report), RIS: AC 8500-1, December 31, 1975.
- 5. Aeromedical Certification Branch: Denied Airmen Summary Report (Internal Workload Report), RIS: AC 8065-8 through -13, 1975 and 1976.
- Aeromedical Certification Branch: Examination Computer Submission Report (Internal Workload Report), RIS: AC 8500-3, 1975 and 1976.